

## ATTENTION APPLICANT

**SUBMITTED APPLICATIONS AND/OR RESUMES MUST CONTAIN THE FOLLOWING INFORMATION BEFORE BEING CONSIDERED FOR EMPLOYMENT:**

**EMPLOYMENT HISTORY (No less than the last 5 years employment history)**

- ☐ Complete Employer Name
- ☐ Current Mailing Address
- ☐ City, State & Zip Code
- ☐ Telephone numbers including area code
- ☐ Supervisor's name

**REFERENCES (No less than 3 personal references – RELATIVES cannot be listed as a references)**

- ☐ Name of reference
- ☐ Complete mailing address
- ☐ City, State & Zip Code
- ☐ Telephone Numbers including area code

Applications or resumes that do not provide **all** the required information will not be considered for employment.

# FAYETTE COUNTY SHERIFF'S DEPARTMENT

## APPLICATION FOR EMPLOYMENT

(INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)

<b>POSITION APPLIED FOR</b>	
<b>DEPUTY SHERIFF</b> _____	<b>DETENTION OFFICER</b> _____
<b>CLERICAL</b> _____	<b>OTHER</b> _____

### *Section 1 - Personal Identification*

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MAIDEN)

ADDRESS \_\_\_\_\_  
(Complete Street Address, Apt #, and/or Post Office Box)

\_\_\_\_\_  
(City) (County) (State) (Zip)

TELEPHONE # ( ) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you applied for a job with any law enforcement agency before? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when and where: \_\_\_\_\_

***Section 2 - Marital/Dependent Status***

Are you: Married: \_\_\_\_\_ Single: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_  
(LAST) (MAIDEN) (FIRST) (MIDDLE)

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SPOUSE'S OCCUPATION: \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(COMPLETE ADDRESS - INCLUDE CITY, COUNTY, STATE AND ZIP)

DEPENDENTS:	NAME	AGE
	_____	_____
	_____	_____
	_____	_____
	_____	_____

YOUR PARENTS' NAMES: \_\_\_\_\_

PARENTS' ADDRESS: \_\_\_\_\_

***Section 3 - Military Service***

Have you served in the Military? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give Branch: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Type of Discharge\*\* \_\_\_\_\_

Are you now in the U.S. Military Reserves, National Guard, etc? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide Branch and Unit Address: \_\_\_\_\_

***\*\*A COPY OF DD FORM 214 MUST BE ATTACHED TO THIS APPLICATION***

***Section 4 - Primary and Secondary Education***

Beginning with High School, list all Schools, Colleges, and/or Trade Schools attended as well as dates of attendance and highest level attained.

<b>DATES</b>	<b>NAME OF SCHOOL</b>	<b>ADDRESS OF SCHOOL</b>	<b>DEGREE</b>

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***Section 5 - Prior Residences***

Starting from your current address and proceeding backwards, list all of your residences for the last five (5) years.

<b>FROM - TO</b>	<b>COMPLETE STREET ADDRESS</b>	<b>CITY, STATE AND ZIP CODE</b>

### ***Section 6 - Employment History***

Starting with your most recent place of employment and working backwards, list all of your prior employers. *Can we contact your present employer?* Yes \_\_\_\_\_ No \_\_\_\_\_

**NAME:** \_\_\_\_\_ **TELEPHONE #** (    ) \_\_\_\_\_

**COMPLETE ADDRESS:** \_\_\_\_\_

Street

City/State

Zip Code

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

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**NAME:** \_\_\_\_\_ **TELEPHONE #** (    ) \_\_\_\_\_

**COMPLETE ADDRESS:** \_\_\_\_\_

Street

City/State

Zip Code

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

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**NAME:** \_\_\_\_\_ **TELEPHONE#** (    ) \_\_\_\_\_

**COMPLETE ADDRESS:** \_\_\_\_\_

Street

City/State

Zip Code

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

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**NAME:** \_\_\_\_\_ **TELEPHONE#** (    ) \_\_\_\_\_

**COMPLETE ADDRESS:** \_\_\_\_\_

Street

City/State

Zip Code

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

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### ***Section 7 - Personal References***

List five personal or professional references. Of the five, at least two should be current neighbors of you. Each of your references should be responsible adults and **none** should be **former employers, school teachers, or family members.** Each of these references should have known you during the last (5) years. Please note that failure to provide complete information or failure to comply with our guidelines regarding references will delay, or possibly prohibit, the processing of your application.

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

Street City/State Zip Code

YEARS ACQUAINTED: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

Street City/State Zip Code

YEARS ACQUAINTED: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

Street City/State Zip Code

YEARS ACQUAINTED: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

Street City/State Zip Code

YEARS ACQUAINTED: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

Street City/State Zip Code

YEARS ACQUAINTED: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

***Section 8 - Prior Civil/Criminal/Adverse Drivers History***

Have you ever been arrested (or confined for a ***Felony or Misdemeanor***? Yes\* \_\_\_\_\_ No \_\_\_\_\_

If Yes, please furnish the following information (\*a yes may not preclude consideration).

DATE	LOCATION	CHARGE	DISPOSITION

Have you ever received a Traffic Citation? Yes\* \_\_\_\_\_ No \_\_\_\_\_

If Yes, please furnish the following information (\*a yes may not preclude consideration).

DATE	LOCATION	CHARGE	DISPOSITION

Have you ever been involved in a Civil Action in any capacity? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

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***Section 9 - Law Enforcement Certification***

If you are applying for a Deputy Sheriff position and are a Peace Officer Standards and Training Council Certified Law Enforcement Officer, please complete the following:

STATE OF CERTIFICATION:\_\_\_\_\_CERTIFICATION #\_\_\_\_\_

DATE OF CERTIFICATION:\_\_\_\_\_IS CERTIFICATION CURRENT: Yes\_\_\_\_No\_\_\_\_

If you are applying for a Detention Officer position and are a Georgia Peace Officer Standards and Training Council Certified Detention Officer, please complete the following:

CERTIFICATION #:\_\_\_\_\_DATE OF CERTIFICATION:\_\_\_\_\_

IS CERTIFICATION CURRENT: Yes\_\_\_\_No\_\_\_\_

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## ***Section 10 - Willingness Statement and Application Certification***

### **Willingness Statement**

I understand that the Fayette County Sheriff's Department is a public safety organization and as such it is a twenty-four (24) hour - seven (7) day a week operation. Its members are subject to working shifts any time of the day and days off and granting of authorized leave is based on a combination of mission needs and seniority.

Furthermore, members of the Department work in hazardous and potentially life threatening situations and I will be required to work under those conditions.

Members of the Fayette County Sheriff's Department agree to comply with written and verbal policies, direction and rules as may be promulgated for the efficient operation of the Department.

Prospective members of the Fayette County Sheriff's Department must agree to submit to and successfully complete a written pre-employment aptitude examination, background examination and attitude questionnaire as a condition of employment.

I understand that by signing this application, I am willing to accept and abide by these general conditions.

### ***Certification***

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment with the Fayette County Sheriff's Department as may be necessary in arriving at an employment decision.

I certify that I have read, understand, and accept the general conditions outlined in the above titled "Willingness Statement".

In the event of employment, I understand that false or misleading information given in my application for employment or interview(s), or the withholding of information, may result in termination of my employment.

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**SIGNATURE OF APPLICANT**

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**DATE**

# FAYETTE COUNTY SHERIFF'S DEPARTMENT

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, concerning myself, to any duly authorized agent of the **Fayette County Sheriff's Department**, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial/credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including background reports, polygraph reports and charts; efficiency ratings, complaints, or grievances filed by or against me; and the records and recollections of attorneys-at-law, or of other counsel, whether representing me or another person or body in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment by the **Fayette County Sheriff's Department**. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

This affidavit sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date